Clurchia completed where appropriate All futher corresponden

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 sholur be completed where appropriate. All futher correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

of issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork freduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. Street Address RECEIVED DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 **Publishing Division** City, State and Zip Code 1. CORRESPONDENCE ADDRESS JAN 0 6 1997 CO-INVENTOR'S NAME 12M1/1015 EDWARD H GORMAN JR Street Address ABBOTT LABORATORIES City, State and Zip Code D-377/AP6D-2 100 ABBOTT PARK ROAD ABBOTT PARK IL 60064-3500 Check if additional changes are enclosed APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** $08/413,136 \$ 03/29/95 003 TRAVERS, R 1205 10/15/96 First Named KEMPF, DALE J. Applicant TITLE OF RETROVIRAL PROTEASE INHIBITING COMPOUNDS INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** SMALL ENTITY BATCH NO. APPLN. TYPE **FEE DUE** DATE DUE 1 4681.US.D34 514-365.000 F41 UTILITY NÜ \$1290.00 01/15/97 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front Steven R. Crowley page, list the names of not more than STEVEN F. WEINSTOCK 3 registered patent attorneys or agents ABBOTT LABORATORIES OR, alternatively, the name of a firm having as a member a registered D377 AP6D-2 attorney or agent. If no name is listed, 100 ABBOTT PARK ROAD no name will be printed. ABBOTT PARK IL 60064-3500 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE ABBOTT LABORATORIES 6a. The following fees are enclosed: 6b. The following fees should be charged to: ☐ Issue Fee Advance Order - # of Copies (2) ADDRESS: (CITY Y& STATE OR COUNTRY) ABBOTT PARK ILLINOIS (ENCLOSE A COPY OF THIS FORM) 10 Advance Order - # of Copies ΓX Issue Fee A. This application is NOT assigned. Any Deficiencies in Enclosed Fees Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADE requested to apply the Issue Fee to the the I Assignment is being submitted under separate cover. Assignment should be requested to apply the iss directed to Box ASSIGNMENTS. (Authorized Signature PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. <u>Steven</u> R. Inclusion of assignee data is only appropriate when an assignment has been perviously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing howley 7Reg. No. NOTE: The Issue Fee will not be accepted from anyone other than the an assignment. applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office Certificate of Mailing Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in an envelope addressed to: **Box ISSUE FEE** 820 TL 01-0025 01/10/97 08413136 **Assistant Commissioner for Patents** 1.290.00CH 82315 142 Washington, D.C. 20231 82316 561 30.00CH January 3, 1997 (Date) Mercedes Aquilar (Name of person making deposit) redex D. Hairlas (Signature)

_____(Date)
1. TRANSMIT THIS FORM WITH FEE